

Request to Audit

Please return to:  
The Office of Academic Services

211 Administration Building  
Hours: Monday-Friday 7:30am-4:30 pm

Phone: (615) 322-8400  
Fax: (615) 322-8401

Student Information *(all fields required):*

**Full Name:** \_\_\_\_\_ **Student ID #** *(e.g. 000162030)* \_\_\_\_\_

**Classification:** Undergraduate: Yes / No Freshman\_\_\_ Sophomore\_\_\_ Junior\_\_\_ Senior\_\_\_  
Graduate: Yes / No

**Anticipated Date of Graduation:** Aug\_\_\_ Dec\_\_\_ May\_\_\_ (year) 20\_\_\_

**Major:** \_\_\_\_\_ **Program/Track(s):** \_\_\_\_\_

**VU Email Address:** \_\_\_\_\_ **Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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*To request permission to audit a course fill out this form and consult with the course instructor. Once you have obtained their signature, return the completed form to the Office of Academic Services and you will be notified of approval.*

**Request to audit** \_\_\_\_\_

*Course Number & Title*

**Term:** Spring\_\_\_ Maymester\_\_\_ Summer\_\_\_ Fall\_\_\_ (Year) 20\_\_\_

**Professional Students only:**

Is this a formal audit to appear on transcript? Yes / No

*While Undergraduates may audit a class, it will not appear on their final transcript.*

**Rationale:**

**Instructor's requirements:**

\_\_\_\_\_  
Student's Name & Signature Date

\_\_\_\_\_  
Instructor's Name & Signature Date

**OAS Use Only**

\_\_\_\_\_  
OAS Signature Date